

FORM **MEPS-10(S)**
(6-16-98)U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICESMedical Expenditure Panel Survey
**HEALTH INSURANCE COST STUDY
SUPPLEMENTAL FORM
ESTABLISHMENT QUESTIONNAIRE****INSTRUCTIONS**

This Supplemental Form is a reprint of the questions in Section B of the Establishment Questionnaire (MEPS-10). You may use it to report additional health plan information. You may use photocopies of this Supplemental Form if sufficient copies were not included in your reporting package. Refer to the instructions on page one of the Establishment Questionnaire (MEPS-10) when completing this Supplemental Form.

Section B – PLAN INFORMATION**General plan information****FOR CENSUS USE ONLY**

If you have a plan name preprinted in the question 1a answer box on the right, answer for the plan specified. Otherwise complete Section B for the plan with next largest enrollment of active employees.

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1a. For 1997, what was the name of the health insurance plan with the next largest enrollment of active employees?

Examples:

- Blue Cross Blue Shield, High Option
- Option A
- Aetna HMO

Name of plan

012

b. What was the name of the insurance company or carrier providing this plan?

Examples:

- Blue Cross Blue Shield
- Alliance
- Charter Health

Name of insurance carrier

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2. Which type of health care provider was available through this plan?

Exclusive providers – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.

Any providers – Enrollees may go to physicians of their choice on a fee-for-service basis. The plan does not have any associated providers.

Mixture of preferred and any providers – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.

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- 1 ☐ Exclusive providers
(Examples: Most HMO, IPA, and EPO-type plans)
- 2 ☐ Any providers
(Examples: Most conventional or indemnity plans)
- 3 ☐ Mixture of preferred and any providers
(Examples: Most PPO and POS-type plans)

3. Did this plan REQUIRE that the enrollee see a primary-care physician in order to be referred to a specialist?

For plans with multiple options, answer for the "in-network" option.

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- 1 ☐ Yes
- 2 ☐ No

4. Was this plan purchased from an insurance underwriter or was it self-insured?

Purchased from an insurance underwriter – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.

Self-insured – Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

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- 1 ☐ Purchased – *Continue with Page 2, Section B, Question 5*
- 2 ☐ Self-insured – *SKIP to Page 2, Section B, Question 6a*

Section B – PLAN INFORMATION

General plan information

- 5. Was this plan purchased through a pooling arrangement with other employers such as a multi-employer trust (MET) or a multi-employer welfare arrangement (MEWA)?**

¹¹² 1 ☐ Yes } SKIP to Question 7
2 ☐ No }

Self-insured plan information

Complete for self-insured plans only.

- 6a. Was this plan self-administered or did your organization employ an insurance company or other administrator?**

¹⁰⁶ 1 ☐ Self-administered
2 ☐ Insurance company or other administrator

- b. Did you purchase stop-loss coverage?**

¹⁰⁷ 1 ☐ Yes
2 ☐ No

- c. What was the ANNUAL COST of this plan for the 1997 plan year for this establishment?**

Include the following:

- Claims paid
- Administrative costs
- The cost of stop-loss coverage (if any)

¹⁰⁸ \$, , , . 0 0
Annual plan cost

- d. What was the monthly premium equivalent for ONE TYPICAL full-time employee with SINGLE coverage?**

Estimates are acceptable.

Enter the COBRA amount when the premium equivalent is not available.

¹⁰⁹ \$, . 0 0 Single coverage

- e. What was the monthly premium equivalent for ONE TYPICAL full-time employee with FAMILY coverage?**

Estimates are acceptable.

Enter the COBRA amount when the premium equivalent is not available.

Family coverage should be calculated for a typical family of four if cost varies by family size.

¹¹⁰ \$, . 0 0 Family coverage

- f. Are the amounts included in 6d and 6e premium equivalents or COBRA amounts?**

¹¹¹ 1 ☐ Premium equivalents
2 ☐ COBRA amounts

Plan affiliation

- 7. Was this plan offered through a union or a trade association?**

If this plan was offered through a union or trade association, please provide the information requested at the right. →

¹¹³ 1 ☐ Union }
2 ☐ Trade Association }
3 ☐ Neither – SKIP to Page 3, Section B, Question 8a }

¹¹⁴ Name of union or trade association

¹¹⁵ Local number, if a union

¹¹⁶ Name of insurance representative

¹¹⁷ Address (Number and street)

¹¹⁸ City

¹¹⁹ State

¹²⁰ ZIP Code

¹²¹ Telephone number

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Section B – PLAN INFORMATION – Continued

Enrollment

Estimates are acceptable for all enrollment figures.

8a. How many active employees were enrolled in this plan at this establishment during a typical pay period in 1997?

Include full-time, part-time, temporary and seasonal employees.

125 Active employees enrolled in plan

b. How many active employees were enrolled in single coverage during a typical pay period in 1997?

129 Active employees enrolled in single coverage

C. How many former employees were enrolled through COBRA or other state continuation-of-benefits laws during a typical pay period in 1997?

126 Former employees enrolled in plan

Single coverage premiums

*Report for typical situations and enrollees.
If cost varies, report for an average employee.*

9a. For this plan, how much did the employer contribute towards the plan premium of ONE TYPICAL full-time employee with single coverage?

131 \$, . 0 0 Employer contribution

b. How much did this typical employee with single coverage contribute towards his/her own premium?

132 \$, . 0 0 Employee contribution

C. What was the total premium for this typical employee with single coverage?

Total premium

If this was a self-insured plan, this total should be the same as B6d on Page 2.

d. How frequently was the premium in question 9c paid?

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- 1 ☐ Weekly
- 2 ☐ Every 2 weeks
- 3 ☐ Monthly
- 4 ☐ Yearly

Family coverage premiums

Report for typical situations and enrollees.
Report for a family of four if cost varies by family size.
If cost varies, report for an average employee.

10a. Was family coverage offered under this plan?

137 1 ☐ Yes – Continue with Question 10b
2 ☐ No – SKIP to Page 4, Section B, Question 11a

b. For this plan, how much did the employer contribute towards the plan premium of ONE TYPICAL full-time employee with family coverage?

135 \$, . 0 0 Employer contribution

Report for the same premium period as in Question 9d.

C. How much did this typical employee with family coverage contribute towards his/her own premium?

136 \$, . 0 0 Employee contribution

Report for the same premium period as in Question 9d.

d. What was the total premium for this typical employee with family coverage?

Total premium

If this was a self-insured plan, this total should be the same as B6e on Page 2.

Section B – PLAN INFORMATION – Continued

General premium information

11a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?

Mark (X) all that apply.

- 138 ☐ Age
 139 ☐ Sex
 140 ☐ Number of persons covered by a family plan
 141 ☐ Wage or salary levels
 142 ☐ Other – Specify

b. Did the amount an EMPLOYEE CONTRIBUTED towards his/her own coverage vary by different employee categories?

Examples: Full-time, part-time, union status, wage or salary levels

- 143 1 ☐ Yes
 2 ☐ No

c. Did any enrollee receive a direct subsidy or contribution towards any part of the premium from an outside third party?

Example: A union or government paid a portion of the premium

- 122 1 ☐ Yes
 2 ☐ No

12. Did this plan's premium include life and/or disability insurance?

Mark (X) all that apply.

- 144 ☐ Life insurance
 145 ☐ Disability insurance
☐ No life and/or disability insurance covered by this plan

Individual deductibles

13a. Did this plan have a deductible?

Deductibles – Predetermined amount which must be met by an individual before the plan will pay for covered services.

Many HMOs do not have a deductible.

- 151 1 ☐ Yes – Continue with Question 13b
 2 ☐ No – SKIP to Page 5, Section B, Question 15a

b. What was the annual deductible an individual paid?

Report deductibles for care received "in-network" from preferred providers.

Enter physician care and hospital care amounts in appropriate boxes if separate deductibles apply.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 15b on Page 5.

- 146 \$, . 0 0 Individual annual deductible
- OR**
- Separate deductibles for:
- 147 \$, . 0 0 Physician care
- 148 \$, . 0 0 Hospital care

Family deductibles

14a. Did this plan require that a specific number of family members must reach their individual deductibles before the family deductible was met?

- 224 1 ☐ Yes – Continue with Question 14b
 2 ☐ No – SKIP to Question 14c
☐ Family coverage not offered – SKIP to Page 5, Section B, Question 15a

b. How many family members were required to meet their individual deductibles before the family deductible was met?

Report for typical situations and enrollees.

- 150 Number of family members

c. What was the total annual deductible a family paid?

Report for a typical family of four.

- 149 \$, . 0 0 Total family annual deductible

Section B – PLAN INFORMATION – Continued

Copayments

15a. Was hospital care covered under this plan?

- 155 1 ☐ Yes – Continue with Question 15b
2 ☐ No – SKIP to Question 15c

b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital stay after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Out-of-pocket expense – Those costs paid directly by the enrollee.

Report for precertified hospital stays (if applicable).

Report for stays at "in-network"/participating hospitals.

Do not include any physician charges incurred during the hospital stay.

152 \$, . 0 0 Amount paid by enrollee for hospital care

- 154 1 ☐ Per day
2 ☐ Per stay

AND/OR

153 % Paid by enrollee

c. Was physician care covered under this plan?

- 218 1 ☐ Yes – Continue with Question 15d
2 ☐ No – SKIP to Question 16a

d. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an office visit after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Report the copayment for an "in-network"/participating general practitioner during normal office hours.

156 \$, . 0 0 Amount paid by enrollee for office visit

AND/OR

157 % Paid by enrollee

16a. What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?

159 \$, , . 0 0

OR

158 ☐ No lifetime maximum

b. What was the maximum amount this plan would have paid for an enrollee in one year?

160 \$, , . 0 0

OR

221 ☐ No annual maximum

17a. What was the maximum annual out-of-pocket expense for an individual?

Out-of-pocket expense – Those costs paid directly by the enrollee.

Include all copayments and deductibles.

This is often referred to as a catastrophic limit.

161 \$, . 0 0

OR

163 ☐ No individual maximum

b. What was the maximum annual out-of-pocket expense for a typical family of four?

162 \$, . 0 0

OR

222 ☐ No family maximum

Section B – PLAN INFORMATION – Continued

Plan characteristics

18a. Could this plan have refused to cover persons with certain pre-existing medical or health conditions?

- 183 1 ☐ Yes – Continue with Question 18b
2 ☐ No – SKIP to Question 19

b. Did this happen in 1997?

- 184 1 ☐ Yes
2 ☐ No

19. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?

- 185 1 ☐ Yes
2 ☐ No

20. In what month did the plan year begin?

Enter a two-digit numeric response.
Example: January = 01; May = 05

123 Month

21. Which of the services listed were covered by this plan?

Mark (X) all that apply.

- 164 ☐ Routine mammograms
165 ☐ Adult routine physical exams
166 ☐ Routine pap smears
167 ☐ Office visits for prenatal care
168 ☐ Adult immunizations
169 ☐ Child immunizations
170 ☐ Well-baby care, under 1 year
171 ☐ Well-child care, 1–4 years
173 ☐ Chiropractic care
174 ☐ Other non-physician providers (such as physical therapists, podiatrists, and midwives)
175 ☐ Outpatient prescriptions
176 ☐ Routine dental care
177 ☐ Orthodontic care
178 ☐ Skilled nursing facility (convalescent care)
179 ☐ Home health care
180 ☐ Inpatient mental illness
181 ☐ Outpatient mental illness
182 ☐ Alcohol/substance abuse treatment

Current plan information

Question 22 refers to the **1998** plan year.

22a. Is this plan also being offered in the 1998 plan year?

- 186 1 ☐ Yes – SKIP to Question 22c
2 ☐ No – Continue with Question 22b

b. If this plan is no longer offered, was it replaced with a similar plan, replaced by a substantially different plan or dropped without replacement?

- 187 1 ☐ Replaced with similar plan
2 ☐ Replaced by a substantially different plan
3 ☐ Dropped without offering replacement – **END THIS FORM**
- } Continue with Question 22c

Please answer for this plan or the one which replaced it.

c. For 1998, how many active employees are enrolled in single coverage during a typical pay period?

188 Active employees enrolled in single coverage

d. For 1998, how many active employees are enrolled in family coverage during a typical pay period?

189 Active employees enrolled in family coverage

e. For 1998, what is the total annual premium for ONE TYPICAL enrollee with SINGLE coverage?

190 \$, . 0 0 Single coverage premium

f. For 1998, what is the total annual premium for ONE TYPICAL enrollee with FAMILY coverage?

191 \$, . 0 0 Family coverage premium